

**IN THE UNITED DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE**

WESLEY BLAKE ANDERSON,)
)
)
Plaintiff,)
)
-vs-)
)
)
JASON M. EVANS, M.D. and) Case No. _____
HUGHSTON CLINIC, P.C. a/k/a)
HUGHSTON TRAUMA AT) JURY DEMAND
SKYLINE, a/k/a/ HUGHSTON)
CLINIC, a/k/a THE HUGHSTON)
CLINIC, a/k/a HUGHSTON)
ORTHOPAEDICS, LLC., a/k/a)
HUGHSTON ORTHOPAEDIC)
TRAUMA, LLC.,)
)
Defendants.)

C O M P L A I N T

COMES NOW THE PLAINTIFF, WESLEY BLAKE ANDERSON, and sues the Defendants, JASON M. EVANS, M.D. and HUGHSTON CLINIC, P.C. a/k/a HUGHSTON TRAUMA AT SKYLINE, a/k/a/ HUGHSTON CLINIC, a/k/a THE HUGHSTON CLINIC, a/k/a HUGHSTON ORTHOPAEDICS, LLC., a/k/a HUGHSTON ORTHOPAEDIC TRAUMA, LLC., and would state as follows:

**I.
Introduction**

1. This is a healthcare liability case brought by Wesley Blake Anderson pursuant to Tenn. Code Ann. § 29-26-101, *et seq.*, for his injuries arising out of the Defendant's medical negligence and deviation from the standard of care in his surgery and treatment of the Plaintiff.

**II.
Jurisdiction**

2. This court is vested with jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §1332 based upon diversity of citizenship and an amount in controversy in excess of \$75,000.00.

3. Venue is proper in the United States District Court for the Middle District of Tennessee since each of the acts that form the basis of this case occurred within the Middle District of Tennessee, and the Defendant is a resident of this judicial district.

**III.
Parties**

4. Wesley Blake Anderson is an adult citizen and resident of the Commonwealth of Kentucky and resides at 196 Old Greenville Road, Bowling Green, Kentucky 42101.

5. Jason M. Evans is an adult citizen and resident of the State of Tennessee and is a licensed, board certified physician specializing in orthopaedic surgery. He maintains his medical offices at the Hughston Clinic, P.C., 3443 Dickerson Pike, Suite 360, Nashville, Davidson County, Tennessee 37207. At the time of the matters complained of herein, the Defendant Jason M. Evans, M.D. provided medical care, services, and/or treatment to Wesley Blake Anderson at Skyline Medical Center in Nashville, Davidson County, Tennessee.

6. Hughston Clinic, P.C. is a Tennessee professional corporation that has its principal headquarters at 3443 Dickerson Pike, Suite 190, Nashville, TN 37207. Its registered agent is CT Corporation System, 800 S. Gay Street, Suite 2021, Knoxville, TN 37929. This Defendant is also known by various alias names, including the

following: HUGHSTON TRAUMA AT SKYLINE, a/k/a/ HUGHSTON CLINIC, a/k/a THE HUGHSTON CLINIC, a/k/a HUGHSTON ORTHOPAEDICS, LLC., a/k/a HUGHSTON ORTHOPAEDIC TRAUMA, LLC.

IV. Facts

7. Wesley Anderson is thirty-two years of age, and is an employee of Enviro-Tec Services, Inc. located at 541 Cal Batsel Road, Bowling Green, Kentucky.

8. On October 12, 2015, at approximately 8:00 a.m., while performing his job at Enviro-Tec as an on-site supervisor, he was injured when a robot fell and crushed his left ankle.

9. Mr. Anderson was life-flighted to Skyline Medical Center in Nashville, Tennessee later that same day at around 10:00 a.m., where after several hours, he was eventually examined by Dr. Jason M. Evans. Dr. Evans diagnosed his condition as a “fairly significant open ankle dislocation, medial malleolus fracture and a mid-shaft comminuted fibula fracture.” (Notes from medical examination of Dr. Jason Evans dated October 14, 2015).

10. On October 13, 2015, Dr. Evans performed surgery to Mr. Anderson to repair his open fracture of the left distal tibia. During this surgical procedure, two transverse screws were installed to Mr. Anderson’s left distal tibia fibula. The surgery was performed at the Skyline Medical Center in Nashville, Tennessee.

11. The Plaintiff remained under the care and treatment of Dr. Evans through April 18, 2016. On that date, Dr. Evans examined Mr. Anderson who still complained of numbness and persistent weakness in his left ankle. Dr. Evans’ assessment on this date

was as follows:

Assessment / Plan

Some of this is going to be residual and perhaps permanent, but overall he may still make slow steady improvement, but I believe he is at MMI for this particular injury. I do not anticipate any additional recovery of the saphenous nerve function and I would place the likelihood of potential need for future surgeries on his ankle due to this somewhere around 10%. He is going to come back p.r.n.

12. Dr. Evans released Mr. Anderson to return back to his job on full duty despite his continued symptoms of numbness and persistent weakness in his left ankle.

13. Mr. Anderson's condition continued to deteriorate, and he began to experience severe pain and swelling in his left lower extremity.

14. In December of 2016, Plaintiff's wife, Jessie Anderson contacted Dr. Evans' office for an appointment. She was told that it would take two-to-three months to schedule an appointment with Dr. Evans.

15. Ms. Anderson advised the nurse in Dr. Evans' office that her husband could not wait that long because of his severe pain and swelling.

16. In February of 2017, when the pain became unbearable, Mr. Anderson went to see Dr. James N. Johnson, a board certified sports medicine specialist and orthopaedic surgeon.

17. Dr. Johnson viewed Mr. Anderson's x-rays and determined that both screws installed by Dr. Jonathan Evans had broken (one of them in two places), and that there were bones in the Plaintiff's left leg that were grinding together as well as several bits of bone debris that had ground lose. Dr. Johnson recommended that Mr. Anderson be scheduled immediately for corrective surgery.

18. On February 27, 2017, Dr. Jeffrey Willers performed a left ankle arthrodesis with conjunction of proximal tibial bone graft. During this surgery, Dr. Willers installed an anterior fusion plate along the anterior aspect of the distal tibia and dorsum of the

talar neck in an attempt to stabilize the ankle.

19. As of the date of this Complaint, Mr. Anderson remains under the care and treatment of Dr. Jeffery Willers and Dr. James N. Johnson for follow up care of his post-surgical treatment and oversight of his physical therapy.

20. Mr. Anderson was recently able to return to his job, but is still not on full duty, and he continues to suffer from permanent loss of range of motion in his left ankle.

21. Mr. Anderson has lost virtually all mobility in his left ankle.

COMPLIANCE WITH STATUTORY NOTICE REQUIREMENT

22. The Plaintiff, through counsel, complied with the provisions of Tenn. Code Ann. § 29-26-121(a) which requires that any person asserting a potential claim for health care liability shall give notice of such potential claim to each health care provider against whom such potential claim is being made at least sixty (60) days before the filing of a Complaint based upon medical negligence.

23. On March 22, 2017, the Plaintiff, through his counsel, Robert Young of the firm of English, Lucas, Priest and Owsley, LLP, in Bowling Green, Kentucky, sent pre-suit written notice of claim letters to Dr. Jason M. Evans and the Hughston Clinic, P.C. pursuant to Tenn. Code Ann. § 29-26-121, along with a HIPAA compliant medical authorization permitting Dr. Evans to obtain copies of medical records from each other provider being sent a notice. A true and correct copy of one of these letters are attached hereto as Exhibit A, and is incorporated herein by reference.

24. In accordance with Tenn. Code Ann. § 29-26-122, attached hereto as Exhibit B is a Certificate of Good Faith asserting that Plaintiff's counsel has consulted with one (1) or more experts who provided a signed written statement confirming that upon

information and belief they (a) are competent under Tenn. Code Ann. § 29-26-115 to express opinions in this case; and (b) believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident at issue, that there is a good faith basis to maintain this action with the requirements of Tenn. Code Ann. § 29-26-115.

**V.
Cause of Action**

**Tennessee Healthcare Liability Act
Tenn. Code Ann. § 29-26-101, *et seq.*,**

**WRONGS COMPLAINED OF THE DEFENDANTS
JASON M. EVANS, M.D. AND HUGHSTON CLINIC, P.C.**

25. Plaintiff incorporates herein by reference the allegations contained in ¶¶ 1 through 24, and does further allege as follows.

26. The relationship of physician-patient existed between Jason M. Evans and Wesley B. Anderson.

27. The Defendant owed a duty to the Plaintiff to provide medical care and treatment that was consistent with the standard of care recognized in the medical community. The Defendant breached this duty in the following ways:

- a. by negligently failing to provide appropriate and reasonable medical care to Wesley B. Anderson;
- b. by negligently failing to properly and timely evaluate Wesley B. Anderson postoperatively;
- c. by negligently mismanaging Wesley B. Anderson; and
- d. by negligently violating the recognized standards of acceptable

professional practice in his services for Wesley B. Anderson.

28. Tenn. Code Ann. § 29-26-119 provides as follows:

In a health care liability action in which liability is admitted or established, the damages awarded may include (in addition to other elements of damages authorized by law) actual economic losses suffered by the claimant by reason of the personal injury, including, but not limited to, cost of reasonable and necessary medical care, rehabilitation services, and custodial care, loss of services and loss of earned income, but only to the extent that such costs are not paid or payable and such losses are not replaced, or indemnified in whole or in part, by insurance provided by an employer either governmental or private, by social security benefits, service benefit programs, unemployment benefits, or any other source except the assets of the claimant or of the members of the claimant's immediate family and insurance purchased in whole or in part, privately and individually.

29. Hughston Clinic, P.C. is vicariously liable under the laws of agency and *respondeat superior* for the acts and omissions of its agents (apparent and/or actual), members and/or employees who were negligent while acting within the course and scope of their employment and/or agency on behalf of Hughston Clinic, P.C. Any negligence of these agents (apparent and/or actual), members and/or employees, is imputed by law to Hughston Clinic, P.C. under the principals of actual or apparent agency and/or *respondeat superior*.

30. As a direct and proximate result of the Defendant's medical negligence, the Plaintiff is entitled to an award of compensatory damages for the cost of reasonable and necessary medical care, rehabilitation services, custodial care, loss of services and loss of earned income, together with damages for emotional injury, pain and suffering and mental anguish in an amount to be determined by the jury.

31. In addition, the Plaintiff seeks an award of reasonable attorney's fees for his counsel of record pursuant to Tenn. Code Ann. § 29-26-120.

WHEREFORE, PLAINTIFF REQUESTS THE FOLLOWING RELIEF:

1. That he be allowed to file this Complaint, and that process issue to the Defendants, Jason M. Evans, M.D. and Hughston Clinic, P.C., requiring them to respond within the time required by statute and under the Tennessee Rules of Civil Procedure;
2. That at the trial of this case, the Plaintiff have and recover a sum of money as compensatory damages in an amount to be determined by the jury;
3. That a jury of six be empanelled to hear and try this case;
4. That Plaintiff be awarded reasonable attorney's fees as provided in Tenn. Code Ann. § 29-26-120;
5. That Plaintiff have such further and general relief as to which he may be entitled, including the costs of this cause.
6. The Plaintiff, Wesley B. Anderson, respectfully reserves the right to amend the Complaint to conform to the evidence as it develops.

Respectfully submitted,



CRAIN SCHUETTE
ATTORNEYS

/s Larry L. Crain
Larry L. Crain, #9040
CRAIN | SCHUETTE ATTORNEYS
5214 Maryland Way, Suite 402
Brentwood, TN 37027
(615) 376-2600
Larry@CSAFirm.com

Attorneys for the Plaintiff



English Lucas Priest & Owsley, LLP | *Strength. Knowledge. Experience.*

Writer's e-mail address: bryoung@elpolaw.com

March 22, 2017

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jason M. Evans, M.D.
Nashville, TN 37207

Jason M. Evans, M.D.
3443 Dickerson Pike, Suite 360
Nashville, TN 37207

Re: Wesley (Wes) Blake Anderson
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

Dear Dr. Evans:

We are the attorneys for Wesley Blake Anderson.

Wesley Blake Anderson, individually, is asserting potential claims for health care liability against Jason Evans, M.D. and Hughston Trauma at Skyline, including their physicians, nurses, agents and employees.

This potential claims arises out of care and services provided by physicians, employees and/or agents of Jason Evans, M.D. and Hughston Trauma at Skyline between October 2015 and April 2016.

The full name and date of birth of the patient whose treatment is at issue:
Wesley Blake Anderson
Date of Birth: October 18, 1984

The name and address of the claimant authorizing this notice:
Wesley Blake Anderson
196 Old Greenville Rd.
Bowling Green, KY 42101

The name and address of the attorney sending this notice:
Robert A. Young
English, Lucas, Priest & Owsley, LLP
1101 College St.
P.O. Box 770
Bowling Green, KY 42101

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

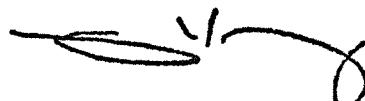
Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Wesley Blake Anderson from each other provider being sent a notice. If any provider does not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wesley Blake Anderson.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Wesley Blake Anderson by any doctor who provided medical services for Wesley Blake Anderson. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wesley Blake Anderson.

If you need any additional information, do not hesitate to contact me.

Very truly yours,

ENGLISH, LUCAS, PRIEST & OWSLEY, LLP



Robert A. Young

RAY/bes
Enclosures

List of healthcare providers to whom notice is being given pursuant to Tennessee Code
Annotated Section § 29-26-121(a)(2)(D)

Re: Wesley Blake Anderson

Below is a list of all Health Providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D) of a potential claim for health care liability:

Jason M. Evans, M.D.
Nashville, TN 37207

Jason M. Evans, M.D.
3443 Dickerson Pike, Suite 360
Nashville, TN 37207

Hughston Trauma at Skyline
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9710

Hughston Trauma at Skyline
3443 Dickerson Pike, Suite 360
Nashville, TN 37207

The Hughston Clinic, P.C.
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9710

The Hughston Clinic, P.C.
3443 Dickerson Pike, Suite 190
Nashville, TN 37207

The Hughston Clinic, P.C.
6262 Veterans Pkwy
Columbia, GA 31908-9517

Hughston Clinic Orthopaedics
c/o John R. Voigt, Esq., Agent for service of process
150 Third Avenue South, Suite 1100
Nashville, TN 37201-2037

Hughston Clinic Orthopaedics
3443 Dickerson Pike, Suite 360
Nashville, TN 37207

Hughston Orthopaedics, LLC
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9710

Hughston Orthopaedics, LLC
P.O. Box 400
Forston, GA 31808-0400

Hughston Orthopaedic Southeast, P.C.
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9710

Hughston Orthopaedic Southeast, P.C.
P.O. Box 400
Forston, GA 31808-0400

Hughston Orthopaedic Trauma, LLC
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9710

Hughston Orthopaedic Trauma, LLC
P.O. Box 9517
Columbia, GA 31908-9517

**LIMITED AUTHORIZATION TO DISCLOSE
MEDICAL INFORMATION OR RECORDS**

By signing below, I hereby request and authorize the Health Care Providers identified below to disclose certain information (the "information") as provided in this Authorization.

Information To Be Used or Disclosed

Patient Name: Wesley Blake Anderson

Patient DOB: 10/18/1984

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters, or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons or Organizations Authorized to Disclose The Information

Health Care Provider(s): Jason Evans, M.D., Hughston Trauma at Skyline, The Hughston Clinic, P.C., Hughston Clinic Orthopaedics, Hughston Orthopaedics, LLC, Hughston Orthopaedic Southeast, P.C., Hughston Orthopaedic Trauma, LLC

I authorize the Health Care Provider(s) listed above and its employees and agents to disclose the information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive The Information

Jason Evans, M.D. or any representative, attorney or investigator from said organization, Nashville, TN 37207; 3443 Dickerson Pike, Suite 360, Nashville, TN 37207

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 03/22/2018

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider(s), its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Providers at the following address:

I understand that I may see and copy the information if I request. I understand that any information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Wesley Blake Anderson 3-22-17

Signature (Patient)

Date

Signature (Authorized Representative)

Date

Bridget Stratton 3-22-17

Signature (Witness)

Relationship to Patient

Bridget Stratton

From: no_reply@certifiedmaillabels.com
Sent: Sunday, March 26, 2017 6:01 AM
To: Bridget Stratton
Subject: Certified Mail Electronic Delivery Confirmation

Certified Mail Labels.

.com

Print USPS Certified Mail, Priority Mail and Express Mail Labels with PC Postage

This is an Electronic Delivery Confirmation to inform you that a USPS Certified Mail item created 03/22/2017 has been delivered.

USPS Certified Mail Number: 9414810200830505231778

Addressed To:

Jason Evans M.D.
3443 Dickerson Pike
Suite 360
Nashville, TN 37207-

Your Reference: **Anderson/Dr. Evans - Notice ltr to Dr. Evans**

This item was **Your item was delivered to the front desk or reception area at 12:31 pm on March 24, 2017 in NASHVILLE, TN 37207.**

[Click here](#) to print Certified Mail Labels Electronic Delivery Confirmation™ Report.

If you cannot open this link, then please copy and paste the entire URL into your browser's address bar and press Enter.:

<http://b0c8a72511636096bbaa-fd21edc6f7995ce09f009ce698d37822.r34.cf2.rackcdn.com/9414810200830505231778-20170325.html>

You may view detailed delivery information by logging into [CertifiedMailLabels](#). On the red navigation bar click Reports, then Summary Tracking Report. This delivery confirmation information will be stored in your secure online account for 10 years.

If you do not wish to receive Electronic Delivery Confirmation emails, you may remove or change the email stored in your Mail Profile. Do this by logging into [www.CertifiedMailLabels.com](#). On the red navigation bar, click **Management, Mailing Profiles**. Then edit or remove the email address and click next to save and exit.

Thank you.

Certified Mail Labels – Skip the trip to the Post Office!

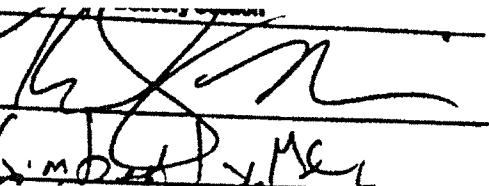


Date: March 25, 2017

Reference Anderson Dr Evans Notice ltr to Dr Evans:

The following is in response to your March 25, 2017 request for delivery information on your Certified Mail™/RRE item number 9414810200830505231778. The delivery record shows that this item was delivered on March 24, 2017 at 12:31 pm in NASHVILLE, TN 37207. The scanned image of the recipient information is provided below.

Signature of Recipient :

Signature	
X	
Printed Name	Vanderbilt University Medical Center

Address of Recipient :

Delivery Address	3441 Nickerson
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Thank you for selecting the Postal Service for your mailing needs.

If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,
United States Postal Service



Certificate of Mailing — Firm

Name and Address of Sender

Robert A. Young
English, Lucas, Priest & Owsley, LLP
1101 College St.
P.O. Box 770
Bowling Green, KY 42102

TOTAL NO.
of Pieces Listed by Sender

TOTAL NO.
of Pieces Received at Post Office™

Affix Stamp Here

Postmark with Date of Receipt

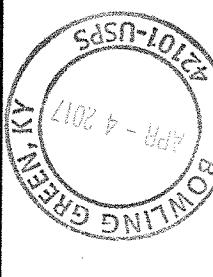
14

14

Postmaster, per (name of receiving employee)

U.S. POSTAGE
PAID
BOWLING GREEN, KY
APR 04 17
AMOUNT

\$5.46



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Postage

Fee

Special Handling

Parcel Airlift

1. 9414810200830505231778
Jason Evans, M.D.
3443 Dickerson Pike
Suite 360
Nashville, TN 37207

2. 9414810200829345146632
Hughston Trauma at Skyline
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9210

3. 9414810200829345150622
Hughston Trauma at Skyline
3443 Dickerson Pike
Suite 360
Nashville, TN 37207

\$6.21

\$6.21

\$6.21

4. 9414810200828345326440
The Hughston Clinic, P.C.
c/o CT Corporation System
800 S. Gay St., Suite 2021
Knoxville, TN 37929-9210

5. 9414810200793338267027
The Hughston Clinic, P.C.
3443 Dickerson Pike
Suite 190
Nashville, TN 37207

\$6.21

\$6.21

\$6.21

6. 9414810200830505255194
The Hughston Clinic P.C.
6262 Veterans Parkway
Columbia, GA 31908-9517

\$6.21



Certificate of Mailing — Firm

Name and Address of Sender

Robert A. Young
English, Lucas, Priest & Owsley, LLP
1101 College St.
P.O. Box 770
Bowling Green, KY 42102

TOTAL NO.
of Pieces Listed by Sender

Affix Stamp Here
Postmark with Date of Receipt.

Postmaster, per (name of receiving employee)

USPS® Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)	Postage	Fee	Special Handling	Parcel Airlift
1. 9414810200883393414884	Hughston Clinic Orthopaedics Attn: John R. Voigt, Agent for Service of Process 150 Third Avenue South, Suite 1100 Nashville, TN 37201-2037	\$6.21			
2. 9414810200829345194127	Hughston Clinic Orthopaedics 3443 Dickerson Pike Suite 360 Nashville, TN 37207	\$6.21			
3. 9414810200883393424876	Hughston Orthopaedics, LLC c/o CT Corporation System 800 S. Gay St., Suite 2021 Knoxville, TN 37929-9710	\$6.21			
4. 9414810200883393428898	Hughston Orthopaedic LLC P.O. Box 400 Forston, GA 31808-0400	\$6.21			
5. 9414810200883393434127	Hughston Orthopaedic Southeast P.C. c/o CT Corporation System 800 S. Gay St., Suite 2021 Knoxville, TN 37929-9710	\$6.21			
6. 9414810200883393437289	Hughston Orthopaedic Southeast P.C. P.O. Box 400 Forston, GA 31808-0400	\$6.21			

EXHIBIT A TO COMPLAINT

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Certificate of Mailing — Firm

Name and Address of Sender		TOTAL NO. of Pieces Listed by Sender	TOTAL NO. of Pieces Received at Post Office™	Affix Stamp Here Postmark with Date of Receipt.
Robert A. Young English, Lucas, Priest & Owsley, LLP 1101 College St. P.O. Box 770 Bowling Green, KY 42102				
USPS® Tracking Number Firm-specific Identifier	(Name, Street, City, State, and ZIP Code™) Address	Postage	Fee	Special Handling Parcel Airlift
1. 9414810200882345257777	Hughston Orthopaedic Trauma LLC c/o CT Corporation System 800 S. Gay St., Suite 2021 Knoxville, TN 37929-9710	\$6.21		
2. 9414810200793338325932	Hughston Orthopaedic Trauma P.O. Box 9517 Columbia, GA 31908-9517	\$6.21		
3.				
4.				
5.				
6.				

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

<p>Wesley Anderson <u>Plaintiff(s)</u></p> <p>vs.</p> <p>Jason Evans, M.D., et al. <u>Defendant(s)</u></p>	<p>Docket No. _____</p>
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CERTIFICATE OF GOOD FAITH

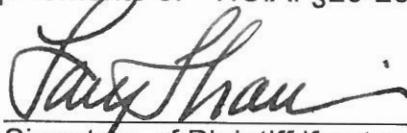
Medical Malpractice Case

PLAINTIFF'S FORM

- A. In accordance with T.C.A. §29-26-122, I hereby state the following:
(Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)

1. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

- (A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case; and
- (B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident(s) at issue, that there is a good faith basis to maintain the action consistent with the requirements of T.C.A. §29-26-115.



Signature of Plaintiff if not represented, or
Signature of Plaintiff's counsel

OR,

2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:
- (A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case; and
- (B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of T.C.A. §29-26-115. Refusal of the Defendant to release the medical records in a timely fashion, or where it is impossible for the Plaintiff to obtain the medical records, shall waive the requirement that the expert review the medical records prior to expert certification.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. §29-26-122 0 prior times.
(Insert number of prior violations by you.)



Signature of person executing this document

August 1, 2017
Date